

NOV 04 2004

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INTELLECTUAL PROPERTY LAW

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
AMENDMENT	Jeffrey M. Cox
COMPANY:	DATE:
USPTO	November 4, 2004
FAX NO.:	TOTAL NO. OF PAGES: (including cover sheet)
(703) 872-9306	16
YOUR REFERENCE NO.:	OUR REFERENCE (C/M) NO.:
10/731,255	006401.00438

RE: In re: Appln. Of Antrim
Appln. No. 10/731,255
Filed December 9, 2003
For: Derivatized Reduced Malto-Oligosaccharides

OFFICIAL FAX

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Mary Beth O'Donnell	312-463-5509

COMMENTS:
PRELIMINARY AMENDMENT

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PTO/SB/97 (08-00)

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Transmittal

Fee transmittal (in duplicate)

Preliminary Amendment (11 pages)

Facsimile Cover Sheet

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F TO/SB/21 (02-04)

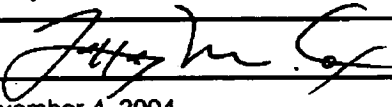
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/731,255
	Filing Date	December 9, 2003
	First Named Inventor	Antrim et al.
	Art Unit	1623
	Examiner Name	Unassigned
Total Number of Pages In This Submission	Attorney Docket Number	006401.00438

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is hereby authorized to charge fees indicated to deposit account number 19-0733.		

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Firm or Individual name	Jeffrey M. Cox
Signature	
Date	November 4, 2004

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PTO/SB/17 10-04v2)

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**FEE TRANSMITTAL
for FY 2005**

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 556**Complete if Known**

Application Number	10/731,255
Filing Date	December 9, 2003
First Named Inventor	Antrim et al.
Examiner Name	Unassigned
Art Unit	1623
Attorney Docket No.	006401.00438

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None☒ Deposit Account:Deposit
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FEE CALCULATION**1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims		Extra Claims		Fee from below		Fee Paid
Independent Claims	48	-20 **	= 28	X 18	=	488
Multiple Dependent	4	-3 **	= 1	X 88	=	88
				X	=	0

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	88	2201	44	Independent claims in excess of 3	
1203	300	2203	150	Multiple dependent claim, if not paid	
1204	88	2204	44	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$) 556

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

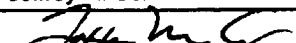
Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	430	2252	215	Extension for reply within second month	
1253	980	2253	490	Extension for reply within third month	
1254	1,530	2254	765	Extension for reply within fourth month	
1255	2,080	2255	1,040	Extension for reply within fifth month	
1401	340	2401	170	Notice of Appeal	
1402	340	2402	170	Filing a brief in support of an appeal	
1403	300	2403	150	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavailability	
1453	1,370	2453	685	Petition to revive - unintentional	
1501	1,370	2501	685	Utility issue fee (or reissue)	
1502	490	2502	245	Design issue fee	
1503	680	2503	330	Plant issue fee	
1480	130	1480	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
1806	180	1806	180	Submission of Information Disclosure Sheet	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.128(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.119(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

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SUBTOTAL (3) (\$) 0

SUBMITTED BY

Name (Print/Type)	Jeffrey M. Cox	Registration No. (Attorney/Agent)	50,695	Telephone	112-463-5000
Signature		Date	November 4, 2004		

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Examiner Name	Unassigned
Art Unit	1623
Attorney Docket No.	008401.00438

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit
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1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	46	-20 **	=	26	X	18	=	468
Independent Claims	4	-3 **	=	1	X	88	=	88
Multiple Dependent					X		=	0

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
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FEE CALCULATION (continued)**3. ADDITIONAL FEES**

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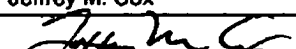
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SUBTOTAL (3) (\$)

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